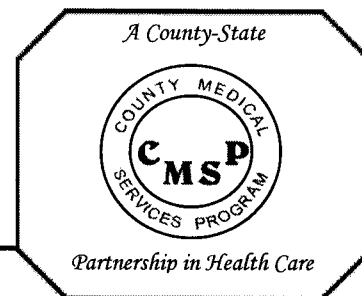


**COUNTY MEDICAL SERVICES PROGRAM**  
**MS 5202**  
**P.O. BOX 997413**  
**SACRAMENTO, CA 95899-7413**  
**(916) 552-8015 Fax No.: (916) 552-8018**



CMSP Letter No.: 04-08  
Issue Date: September 15, 2004

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM (CMSP)  
LETTER TO BENEFICIARIES

On June 23, 2004, you were sent a letter (ACL 04-07) describing changes to the CMSP eligibility process. These changes involve reducing the amount of time a CMSP client is eligible for benefits.

In preparation for these changes, we will soon be mailing a letter to CMSP beneficiaries describing these changes in both English and Spanish. The letter will be sent to beneficiaries with or without a share-of-cost who are listed as eligible on September 22, 2004. Since the letter is also addressed to applicants, counties are requested to provide a copy to applicants, including those who may not have been reached by the mailing.

Please note, due to differences in automation processes between ISAWS and CDS counties, letters for those counties will be slightly different. Enclosed are two camera-ready copies of the letter that will be sent to your county's beneficiaries. Please use these to reproduce an adequate supply for your county's use until the CMSP Information Notice No. 1 is updated to reflect these policy changes.

Thank you for your attention to this matter. If you have any questions regarding this letter, please call Ms. Genny Fleming at (916) 552-8041, or e-mail at [gffleming@dhs.ca.gov](mailto:gffleming@dhs.ca.gov).

Sincerely,

Marylyn Willis, Chief  
County Medical Services Program Unit

Enclosure

cc: Mr. Lee Kemper  
Administrative Officer  
CMSP Governing Board  
1451 River Park Drive, Suite 222  
Sacramento, CA 95815